

# I-Resolutions Inc.

An Independent Review Organization  
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**DATE NOTICE SENT TO ALL PARTIES:** Jun/24/2016

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:** cervical epidural steroid injection C3-C4, C4-C5

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:** DO Board Certified Orthopedic Surgery

**REVIEW OUTCOME:** Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

- ☒ Upheld (Agree)
- ☐ Overturned (Disagree)
- ☐ Partially Overturned (Agree in part/Disagree in part)

**Provide a description of the review outcome that clearly states whether medical necessity exists for each health care service in dispute.** It is the opinion of the reviewer that the request for cervical epidural steroid injection C3-C4, C4-C5 is not recommended as medically necessary.

**PATIENT CLINICAL HISTORY [SUMMARY]:** The patient is a male whose date of injury is XX/XX/XX. The patient was climbing XX when he fell and landed on his back. MRI of the cervical spine dated XX/XX/XX revealed at C3-4 there is a diffuse posterior disc bulge/protrusion which narrows the thecal sac consistent with a severe central canal stenosis. There is severe narrowing of the origin of the right and moderately severe narrowing of the origin of the left neural foramen. At C4-5 there is a diffuse posterior disc bulge with superimposed more prominent central disc protrusion. There is mild central canal stenosis, moderate left and more prominent right neural foraminal narrowing. EMG/NCV dated X/XX/XX revealed evidence of severe bilateral carpal tunnel syndrome, moderately severe ulnar neuropathy at the elbow on the left, and chronic bilateral C5-6 radiculopathy. Office visit note dated X/XX/XX indicates that the patient has a prior history of cervical fusion x 2 in XXXX and a prior history of lumbar fusion in XXXX and XXXX. The patient's chief complaint is cervical neck pain with bilateral upper extremity numbness and tingling and lumbar back pain with lower extremity numbness and tingling. He continues working light duty with restrictions. He has completed several sessions of physical therapy and continues working on a home exercise program. Current medications are tramadol, naproxen, metformin, glipizide, Actos and pravastatin. On physical examination the patient walks with an antalgic gait on the left. The patient has restrictions and pain in all planes. Strength is 5/5 in the bilateral upper extremities. Sensation is decreased bilateral index finger and dorsum thumb. Deep tendon reflexes are 2/4 bilaterally. Spurling's sign is positive bilaterally.

Initial request for cervical epidural steroid injection C3 to C4, C4 to C5 64480 was non-certified on XX/XX/XX noting that the documented examination findings were non-focal. In addition, guidelines state that epidural steroid injections are not recommended higher than the C6-7 level. Cervical epidural steroid injection is also not recommended based on recent evidence, given the serious risks of this procedure in the cervical region, and the lack of quality evidence for sustained benefit. The denial was upheld on appeal dated XX/XX/XX noting that guidelines no longer recommend the use of epidural steroid injections for the

neck, given the serious risks of this procedure in the cervical region, and the lack of quality evidence for sustained benefit. Furthermore, guidelines do not recommend epidural steroid injections at levels higher than C6-7.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION:** The patient XX on XX/XX/XX and has been treated conservatively with physical therapy, medication management and diagnostic testing. The patient has now been recommended to undergo cervical epidural steroid injection. However, the Official Disability Guidelines note that cervical epidural steroid injections are not recommended based on recent evidence, given the serious risks of this procedure in the cervical region, and the lack of quality evidence for sustained benefit. Additionally, the Official Disability Guidelines specifically state that epidural steroid injections are not recommended higher than the C6-7 level. As such, it is the opinion of the reviewer that the request for cervical epidural steroid injection C3-C4, C4-C5 is not recommended as medically necessary.

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

☐ ACOEM-AMERICA COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE

☐ AHCPR-AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES

☐ DWC-DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES

☐ EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN

☐ INTERQUAL CRITERIA

☒ MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

☐ MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

☐ MILLIMAN CARE GUIDELINES

☒ ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

☐ PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR

☐ TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS

☐ TEXAS TACADA GUIDELINES

☐ TMF SCREENING CRITERIA MANUAL

☐ PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

☐ OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)